DOCUMENT RESUME

ED 297 559 EC 211 294

TITLE The Status of Handicapped Children in Head Start Programs: Fourteenth Annual Report of the U.S. Department of Health and Human Services to the Congress of the United States on Services Provided to Handicapped Children in Project Head Start.

INSTITUTION Administration for Children, Youth, and Families (DHHS), Washington, DC. Head Start Bureau.

PUB DATE 87

NOTE 50p.

PUB TYPE Reports - Descriptive (141) -- Legal/Legislative/Regulatory Materials (090)

EDRS PRICE MF01/PC02 Plus Postage.

DESCRIPTORS *Compliance (Legal); Definitions; *Disabilities; *Eligibility; *Enrollment Trends; Handicap Identification; *Incidence; *Mainstreaming; Preschool Education; Trend Analysis

IDENTIFIERS *Project Head Start

ABSTRACT

The annual report on the status of handicapped children in Head Start programs during 1985-86 provides background information, statistical data, and analysis. The mandate that 10% of enrollment be available for handicapped children was met by all states except Alaska and the District of Columbia, the Virgin Islands, American Samoa, and the Migrant programs. Overall, 12.5% (a slight increase) of enrollment was of children with professionally diagnosed handicaps. Only 15 of 1,881 Head Start programs reported serving no handicapped children. Other highlights of the report include: number of handicapped children served increased to 64,994; 99.2% of all Head Start programs had enrolled at least one handicapped child; about 50% of the programs reported being unable to enroll 4,022 handicapped children usually due to lack of vacancies or not meeting the age requirements; that 18.5% of the handicapped children enrolled had multiple handicapping conditions; and that categorization by primary handicapping condition showed 62.9% speech impaired, 11.3% health impaired, 5.5% specific learning disabled, 5.1% physically handicapped, 5.1% mentally retarded, 4.7% seriously emotionally disturbed, 2.8% hearing impaired, and 2.1% visually impaired. Appendixes provide (1) the diagnostic criteria for reporting handicapped children; (2) Resource Access Project Network addresses; and (3) survey results by state or geographic entity. (DB)

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THE STATUS OF HANDICAPPED CHILDREN IN HEAD START PROGRAMS

FOURTEENTH ANNUAL REPORT OF THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
TO THE CONGRESS OF THE UNITED STATES ON
SERVICES PROVIDED TO HANDICAPPED CHILDREN
IN PROJECT HEAD START

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Human Development Services
Administration for Children, Youth and Families
Head Start Bureau
Washington, D.C.

1987

EC 211894

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TABLE OF CONTENTS

		Page
FOREWORD		
SUMMARY		i
Chapter 1.	Handicapped Children in Head Start	1
	A. Purpose of This Report	1
	B. Background Information	1
	C. Overview of Head Start Policies on Services to Handicapped Children	5
Chapter 2.	Status of Handicapped Children in Head Start, 1985-86 Program Year	11
	A. Number of Handicapped Children Enrolled	12
	B. Types of Handicaps	14
	C. Severity of Handicaps	18
Chapter 3.	Services to Handicapped Children 1985-86 Program Year	20
	A. Outreach and Recruitment	20
	B. Diagnosis and Assessment of Handicapped Children	21
	C. Mainstreaming and Special Services	23
	D. Coordination With Other Agencies	29
APPENDIX A	Diagnostic Criteria for Reporting Handicapped Children in Head Start	34
APPENDIX B	1985-1986 Resource Access Project Network	37
APPENDIX C	Survey Results of Handicapped Children in Head Start by State (or Geographic Entity)	39

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON D.C. 20201

FOREWORD

In the 1985-1986 program year, Head Start provided comprehensive developmental services to 517,799 low income preschool children and their families. As it has since 1965, the program seeks to foster the development of children and enable them to deal more effectively with both their present environment and later responsibilities in school and communities. Head Start programs emphasize education; social services; medical, dental, nutrition and mental health services; and parent involvement to enable each child to develop to his or her highest potential.

One facet of the Head Start program merits a special salute: its services to handicapped children. In 1972 Head Start mounted a major effort to serve handicapped children. The number of handicapped children enrolled in Head Start has risen steadily since the data were first reported from 22,807 in 1973 to 64,994 handicapped children in 1986.

Head Start is in the forefront of the provision of services to the preschool handicapped child as the largest mainstream placement program in the nation. Mainstreaming provides handicapped children with active, day-to-day group experiences with non-handicapped children. Giving handicapped children an opportunity to learn, to play, to live with non-handicapped children takes them a giant step in the direction of participating in the general society as responsible adults in their later years. During the early, crucial years of growth, it is important for children to develop healthy attitudes and perceptions about each other as well as themselves. Mainstreaming helps children reach that goal.

In 1986, 99.2 percent of all Head Start programs had enrolled at least one handicapped child. These children received a full range of child development services in addition to special education or related services in accordance with their special needs. These special services were provided through the Head Start program, through outside agencies or, for the children, through a combination of both. During 1986, 46 State agreements and 3,120 local level agreements between Head Start and other agencies were in effect.

This Administration believes in Head Start. We will continue to support comprehensive services which improve the quality of family life. It is through an alliance -- a working partnership -- between the Head Start program, community resources and State and local government agencies that we can best make an important contribution to the lives of preschool children and their families.

Otis R. Bowen, M.D.
Secretary

SUMMARY

Section 640(d) of the Head Start Act, as amended [42 U.S.C. 9835(d)], requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children, and that services shall be provided to meet their special needs." The Head Start Program met this mandate for the 1985-1986 program year in each of 49 of the 50 States and in Guam, Puerto Rico, the American Indian Programs and the Trust Territories of the Pacific Islands. Alaska with 9.7 percent, was the only State not meeting the mandate. The District of Columbia, the Virgin Islands, American Samoa and the Migrant programs fell short of the 10 percent goal.

Every grantee completed the Program Information Report (PIR) for the 1985-1986 program year. Analysis of the data shows that Head Start nationally achieved a 12.5 percent level of enrollment of children with professionally diagnosed handicaps.

The enrollment and mainstreaming of handicapped children has become a characteristic feature of local Head Start programs. In 1986, only 15 of 1,881 Head Start programs reported serving no handicapped children. Head Start continues to be the largest program that includes preschool handicapped children in group experiences with non-handicapped children on a systematic basis, i.e., that mainstreams preschool handicapped children.

Preschool programs that mainstream handicapped children give disabled children a chance to learn and play with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. In addition, the handicapped child begins to develop a sense of control over his or her own life and an ability to function among other people in spite of a disability.

This report is based on data from the PIR which was completed by Head Start programs in June 1986. Therefore, the data used in this report are frequently cited as 1986 data, although the report covers program year 1985-1986.

Highlights are:

- The number of handicapped children served by Head Start programs increased from 61,898 in the previous year to 64,994 in 1986 (an increase of 3,096).

- Children professionally diagnosed as handicapped increased to 12.5 percent of the total enrollment in 1986. By comparison, in 1985, children professionally diagnosed as handicapped accounted for 12.2 percent of the total enrollment in full year programs.

- In 1986, 99.2 percent of all Head Start programs had enrolled at least one handicapped child reflecting an increase over 98.3 percent in 1985.

- In 1986, about 50 percent of the programs reported that they were unable to enroll 4,022 handicapped children located by or referred to them. The reasons most frequently reported were that the children did not fit the age requirements or that there were no vacancies. In 1985, about 50 percent of the programs reported that they were unable to enroll 5,971 handicapped children.

- The distribution of handicapped children in Head Start, categorized by primary handicapping condition, is: 62.9 percent speech impaired, 11.3 percent health impaired, 5.5 percent specific learning disabled, 5.1 percent physically handicapped, 5.1 percent mentally retarded, 4.7 percent seriously emotionally disturbed, 2.8 percent hearing impaired, 2.1 percent visually impaired, 0.2 percent deaf, and 0.2 percent blind.

- In 1986, 18.5 percent of the handicapped children enrolled in the reporting Head Start programs had multiple handicapping conditions. This reflected a slight increase from 18.1 percent in 1985.

Head Start programs reported that special education or related services are provided to handicapped children by Head Start staff. These include individualized teaching techniques, speech therapy and language stimulation, and transportation. Special services were also provided to Head Start children by other agencies. Examples include medical and psychological diagnosis, evaluation or testing, special therapy and language stimulation, and medical treatment. Head Start programs also reported the following special services provided to parents of handicapped children: counseling; referrals to other agencies; visits to homes or hospitals, parent conferences with technical staff and other parent meetings; transportation; literature and special teaching equipment; workshops; medical assistance, and special classes.

Head Start and other agencies and organizations concerned with handicapped children coordinate efforts in order to make maximum use of their limited resources. Head Start programs reported working with other agencies in several ways:

- 32 percent of the handicapped children were referred from other agencies and were professionally diagnosed prior to entry into Head Start.
- 58 percent of the children received special education or related services from other agencies.
- The program had 46 agreements with State Education Agencies, 1,557 written or informal agreements with local education agencies and 1,563 written or informal agreements with other agencies regarding services for handicapped children. Only 69 programs reported no agreements.

In 1986 Head Start continued the emphasis on serving children with handicaps and cooperating with other agencies to provide appropriate special services which have become hallmarks of this program.

CHAPTER 1

Handicapped Children in Head Start

A. Purpose of this Report

This is the Fourteenth Annual Report to the Congress on Head Start Services to Handicapped Children. Pursuant to Section 640(d) of the Head Start Act, as amended [42 U.S.C. 9835(d)], this report is to inform the Congress of the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions and the services being provided to them.

This report discusses the status of handicapped children in those full year Head Start programs in 1985-1986 that responded to the Program Information Report (PIR) survey (all programs responded). In 1986 Head Start programs were funded to serve 451,732 children. However, the total number of children who were served during the year was 517,799. This total enrollment figure includes children who were enrolled for less than a full year but received some services, and is the base figure used to calculate the percentage of handicapped children served.

Almost all Head Start programs are full year programs that operate eight to twelve months of the year. Thirty-five Parent and Child Centers (designed to serve children 0 to three years of age and their families) were included in the 1985-1986 PIR for the first time.

B. Background Information

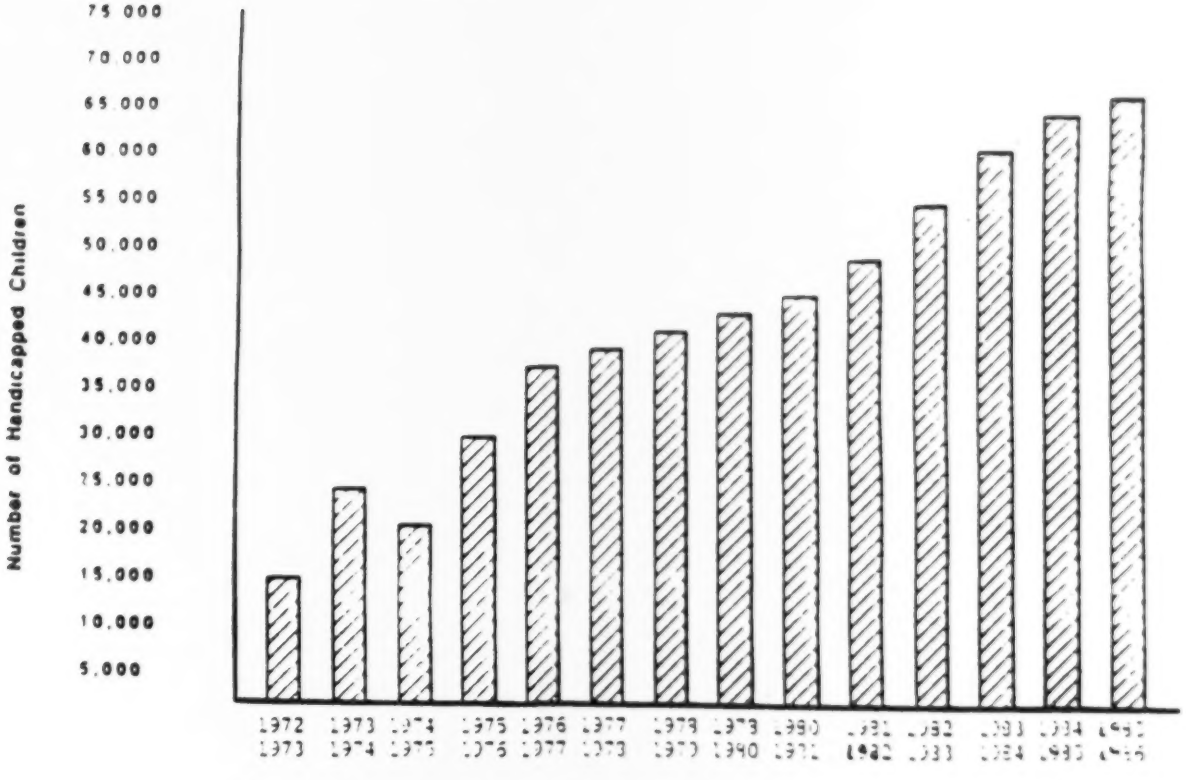
The following information on the Head Start program describes the context in which special services are provided. In 1986 Head Start enrolled one out of six of the income-eligible preschool children. A full range of ethnic groups was represented, with 4 percent of the children being American Indian, 21 percent Hispanic, 40 percent black, 32 percent white and 3 percent Asian.

Each Head Start program carries out a community needs assessment and is encouraged to use non-Head Start resources in the community, saving scarce resources for services not available elsewhere. Head Start agencies are required to establish procedures to obtain payment for services provided to children from other agencies which are responsible for those services. Section 642(b)(4) of the Head Start Act, 42 U.S.C. §9837(b)(4). With respect to medical or dental services, payments may not be made with Head Start funds if funding is available from non-Head Start sources. 45 C.F.R. §1304.3-4(a)(1). Fifty percent of Head Start children are enrolled in the Medicaid/Early Periodic Screening Diagnostic and Treatment (EPSDT) program which pays for medical and dental services, for example. Ninety-three percent of Head Start families received social services from Head Start and/or through referrals to other agencies.

For every five children enrolled, at least four Head Start parents are providing a volunteer service. Thirty-one percent of the staff are parents of current or former Head Start children, and many parents have built upon their experiences in Head Start to enter other career fields.

It has been estimated that there are 250,000 Head Start eligible handicapped children of preschool age, three to five, in the United States. Although there are various programs available to assist handicapped children, Head Start makes a notable contribution, particularly for those handicapped children who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates handicapped and non-handicapped children. The number of handicapped children enrolled in Head Start has risen since 1973 (when the d ta from the PIR were first reported) from 22,807 to 64,994 handicapped children in the 1986 program year. The growth is indicated by Figure 1.

Figure 1



Number of Handicapped Children Served in Full-Year Programs

Handicapped children enrolled in Head Start programs received the full range of child development services required for all children in the Head Start Program Performance Standards as published in 45 CFR Part 1304. These include education, parent involvement, social services, nutrition and health services (medical, dental and mental health). In addition, they received the special education and related services required by the Head Start legislation. Some 96.1 percent of the Head Start programs reported special efforts to enroll and serve more severely handicapped children. Programs provided assessment and diagnosis by professionals to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively.

Head Start programs are also involved in several national efforts to serve handicapped children. Under the Education for All Handicapped Children Act of 1975 (P.L. 94-142), each State's allocation figures are based on the number of handicapped children, 3 through 21 years of age, currently being served (20 U.S.C. §1411(a)(1)(A)). As a major provider of services to preschool handicapped children, Head Start program personnel work with local education agencies to ensure that children who have been professionally diagnosed as handicapped and who are receiving Head Start services are included in the State "Child Count" (34 C.F.R. §300.750). In addition, Head Start programs coordinate their searches for unserved handicapped children with the Statewide "Child Find" efforts required under P.L. 94-142 (34C.F.R. §300.220). Head Start personnel also utilize other resources such as the Crippled Children Program, Title V.

The Administration for Children, Youth and Families (ACYF) has funded a network of projects called Resource Access Projects (RAPs) to provide training and technical assistance to Head Start grantees to enable them to serve handicapped children and their families. In 1977, an interagency agreement between ACYF and the Office of Special Education Programs in the Department of Education designated the RAPs as liaisons between Head Start and the State Education Agencies (SEAs). The RAPs have been facilitating the participation of Head Start grantees in the development of State plans for preschool handicapped children as supported under P.L. 94-142. Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool handicapped children are now in place in 46 States and territories.

RAP training is based on an annual needs assessment. The training includes the use of eight program manuals designed to assist teachers, parents and others, such as diagnosticians and therapists in mainstreaming handicapped children. The series was developed in collaboration with teams of national experts and Head Start teachers, under the direction of the Head Start Bureau.

Parent involvement is a keystone of the Head Start program. Parents have opportunities to participate actively on policy councils, volunteer in the program for the children and learn about child development and handicapping conditions.

To ensure appropriate special services and optimal transition by handicapped Head Start children into public school, Head Start personnel help parents participate in developing an Individualized Education Program (IEP) for each handicapped child. Beginning with the 1985-1986 program year, ACYF has placed added emphasis on the successful transition of all children from Head Start into public school or other placement. ACYF established a National Interagency Steering Committee on Transition of Preschoolers Into Public School. The Committee developed materials to help staff and parents during a time of change, which is often stressful. The RAPs developed complementary materials to assist in the smooth transition of children with handicaps.

C. Overview of Head Start Policies on Services to Handicapped Children

Section 640(d) of the Head Start Act [42 U.S.C.§9835(d)] requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children and that services shall be provided to meet their special needs." The data presented here reflect Head Start efforts to respond to this legislative mandate.

In addition, the Head Start Act specifies the definition of handicapped children provided in paragraph (1) of section 602 of P.L. 91-230, the Education of the Handicapped Act, as amended, [20 U.S.C. §1401(1)]. That Act defines the term handicapped children as "mentally retarded, hard of hearing, deaf, speech or language impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low income families, including families receiving public assistance).

In response to the Congressional mandate to strengthen Head Start efforts on behalf of handicapped children, the Head Start Bureau, located in the Administration for Children, Youth and Families (ACYF) in the Department's Office of Human Development Services, has given priority to assisting local Head Start programs to identify, recruit, and serve handicapped children. These efforts are consistent with Head Start's philosophy of responding to the unique needs and potential of each child and his or her family. Head Start policies that relate to handicapped children are:

1. Outreach and Recruitment - Head Start programs are required to develop and implement outreach and recruitment activities, in cooperation with other community groups and agencies serving handicapped children, in order to identify and enroll handicapped children who meet eligibility requirements and whose parents desire the child's participation. No child may be denied admission to Head Start solely on the basis of the nature or extent of a handicapping condition unless there is a clear indication that such a program experience would be inappropriate for the child.

2. Needs Assessment, Screening and Diagnosis - Needs assessment, screening and diagnostic procedures utilized by Head Start programs address all handicaps specified in the legislation in order to provide an adequate basis for special education, treatment and related services. Head Start programs must ensure that the initial identification of a child as handicapped is confirmed by professionals trained and qualified to assess handicapping conditions. Assessment must be carried out as an ongoing process that takes into account the child's continuing growth and development. Careful procedures are required, including confidentiality of program records, to ensure that no child or family is mislabeled or stigmatized with reference to a handicapping condition. Emphasis is placed on ensuring that the needs of all eligible handicapped children are accurately assessed in order to form a sound basis for meeting those needs.

3. Diagnostic Criteria and Reporting - In 1975, Head Start, the Office of Special Education Programs (formerly the Bureau of Education for the Handicapped) in the Department of Education, and other agencies that serve handicapped children reviewed the criteria then being used by Head Start for reporting purposes. Based on that review, an expanded set of criteria were developed which includes the addition of a "learning disabilities" category in order to be consistent with P.L. 94-142, the Education for All Handicapped Children Act of 1975, as amended, [20 U.S.C. §1401(1)(15)]. The revised criteria also clarified the reporting of "multiple handicaps." Furthermore, the criteria were specifically tailored to the developmental levels of the preschool population, aged three to five.

   In 1978, malnutrition was deleted from the "health impairment" category. A careful review of this category indicated that the inclusion of severe malnutrition was inconsistent with other conditions included under "health impairment." Since then, malnutrition has been dealt with as part of the overall health services reporting and evaluation.

   Since program year 1981-82, the reference to "autistic" children has been deleted from the category "serious emotional disturbance" and added to the category "health impairment" for the subsequent reporting of handicapped children in Head Start. This was done in accordance with the regulation

issued in January 1981 by the Secretary of the Department of Education that made changes in the definition of "handicapped children" under Part B of the Education of the Handicapped Act.

Appendix A presents the diagnostic criteria used in reporting handicapping conditions of the children in 1985-1986 Head Start programs.

4. Severely and Substantially Handicapped Children - Head Start policy distinguishes between two groups of children: children who have minimal handicapping conditions and do not require special services (e.g. children whose vision with eyeglasses is normal or nearly so); and those children who are handicapped, as defined in the legislation and who, by reason of their handicap, require special education and related services (see Appendix A). The purpose of making this distinction is so that only children who require additional education or support services will receive special services to help overcome the effects of the handicap. Only such children can be counted for the purpose of the 10 percent enrollment opportunities requirement. Head Start considers as handicapped only the children who need special services, namely those whose handicap cannot be corrected or ameliorated without special education or related services. Children with minimal or other problems, such as a delay caused by lack of experiences which can be overcome by regular Head Start programming, but who do not require special education services, will continue to receive appropriate Head Start services but are not considered as part of the Congressionally mandated enrollment target. For example, the category "speech impairment" states that "conditions of a transitional nature consequent to the early developmental processes of the child" are not to be considered as a handicap.

Some of the children with severe handicaps have been referred from other agencies to Head Start so that they can participate in a mainstream developmental environment. This opportunity for severely and substantially handicapped children to learn and play with non-handicapped children is vital to their optimal development.

Severely handicapped children are enrolled in Head Start except when the professional diagnostic resource recommends that the placement would be inappropriate for the child.

Placement is made on the basis of the child's Individual Education Program. Certain severely handicapped children (e.g., the profoundly retarded) require intensive special services on a one-to-one basis which often cannot be provided in a mainstream setting with non-handicapped children. While not all handicapped children are best served in Head Start programs, many severely handicapped children can be served, some on a part-time basis or by dual enrollment with other organizations.

5. Services for the Handicapped Child - Head Start grantees and delegate agencies must ensure that all handicapped children enrolled in the program receive the full range of comprehensive services available to non-handicapped Head Start children, including provision for participation in regular classroom activities. These services -- education, social services, parent involvement and health services (including medical, dental, mental health and nutrition) -- should consider the child's needs, his or her developmental level and family circumstances. In addition, special education services and support services are provided to meet the unique needs of the individual handicapped child.

6. Mainstreaming - Since its beginning in 1965, Head Start has maintained a policy of open enrollment for all eligible children, including handicapped children. As was noted in the Head Start Manual of September 1967, "Head Start encourages the inclusion of mentally or physically handicapped preschool children in an integrated setting with other Head Start children." The legislative requirement that a specific portion of the enrollment opportunities be available to handicapped children is consistent with Head Start's approach of serving handicapped children in a mainstreamed setting. This mainstream experience of learning and playing with non-handicapped children helps foster a positive self-image and assists the handicapped child in enhancing his or her potential.

7. Program Options - Head Start programs are encouraged to consider several program options and to select the one best suited for meeting the individual needs of children. These program options, which include the standard five day center-based options, home-based services (with a weekly visit and a monthly group activity for parents and children) and variation in center attendance, allow the flexibility necessary to individualize services to handicapped children and

their families. Within each option, Head Start programs are encouraged to develop an IEP based on a professional's diagnosis and, with input from parents and the teacher, to respond to the child's unique needs and capabilities.

The needs of the individual child are taken into account when services are planned at the IEP meeting. Some fragile children are most appropriately served in a combination of home and center placements, for example, while some children receive the most appropriate services through dual placement in Head Start and a specialized agency program, such as United Cerebral Palsey or Easter Seal. The great majority of Head Start's children with handicaps are served in regular center-based programs on a full or part-time basis where they receive the benefits of contact with other children.

8. Collaboration with Other Agencies - As part of the effort to strengthen and expand services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies serving handicapped children in order to mobilize and maximize the available resources and services. Interagency collaborative efforts have been undertaken in the areas of outreach, recruitment, identification and referral assistance; screening, assessment and diagnosis; provision of treatment and support services; and training and technical assistance. Local Head Start programs are required to take affirmative action to seek the support and involvement of other agencies on behalf of handicapped children.

Local Head Start programs are encouraged to participate in the implementation of P.L. 94-142, the Education for All Handicapped Children Act of 1975. Head Start personnel have been working with local education agencies to ensure that the number of children who have been professionally diagnosed as handicapped and who are receiving Head Start services are included in the State "Child Count" on which allocation of Federal education for handicapped funds is based. Head Start programs are also working with Statewide "Child Find" efforts in the search for unserved handicapped children. Some Head Start programs are reimbursed by local school systems for providing services to preschool handicapped children

under the *Education for All Handicapped Children Act* of 1975 and by other State and local funding auspices. Head Start actively pursues such arrangements.

ACYF encourages the development and implementation of interagency agreements between Head Start, at the national and local levels, and other Federal, regional, State, local and professional agencies and organizations concerned with young children with handicaps and their families. There were 46 agreements in effect between State Education Agencies and Head Start during the 1985-86 program year, for example. They addressed such matters of mutual interest as screening, training and the provision of transportation services.

9. Ten Percent Handicapped Enrollment by State - Head Start's objective is to achieve at least a 10 percent level of enrollment of handicapped children in each State and to provide the special education and related services necessary to meet the children's needs. ACYF regional offices work with individual Head Start grantees to determine enrollment targets, to strengthen recruitment strategies, to develop plans for providing services, and to conduct liaison activities with other community resources.

CHAPTER 2

Status of Handicapped Children in Head Start

Section 640(d) of the Head Start Act requires that "the Secretary shall report to the Congress at least annually on the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided such children."

The data contained in this report were obtained through the Handicapped Services section of the Project Head Start 1985-1986 Annual Program Information Report (PIR). The PIR data were collected by the regional offices of ACYF. The Program Information Report was mailed to all Head Start grantees and delegate agencies in May 1986. Head Start programs reported on the status of handicapped children as of June 30, 1986 or the end of their program year.

The data in this report are based on responses from 1,881 Head Start full year programs. All questionnaires mailed to Head Start programs were completed and returned, so a response rate of 100 percent was achieved. Almost all Head Start programs are full year programs that operate eight to twelve months of the year. Thirty-five Parent and Child Centers (designed to serve children from birth to three years of age and their families) were included in the 1985-1986 PIR.

The questionnaire gathered data in the following categories:

1. General - Number of both handicapped and non-handicapped children actually enrolled.

2. Staff - Number of programs with full or part-time coordinators of services for handicapped children and type of degrees or licenses held.

3. Enrollment of Handicapped Children - Data on number of handicapped children enrolled who were professionally diagnosed (reported by handicapping conditions), multiple handicaps and age. Also reported were the number of handicapped children who were located by and referred to Head Start programs that were not able to be enrolled, the number of children professionally diagnosed who dropped out, and the number who underwent diagnosis and were found not to be handicapped.

4. Services - Data on number of handicapped children, by handicapping condition, receiving services from Head Start and other agencies; and agreements with other agencies to provide needed services to handicapped children.

A. Number of Handicapped Children Enrolled

It has been estimated that there are 250,000 Head Start eligible handicapped children of preschool age three to five in the United States.* Although Head Start cannot meet the needs of all these handicapped children, it is making a notable contribution. A Head Start experience is particularly valuable for those handicapped children who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates handicapped and non-handicapped children. The number of handicapped children enrolled in Head Start has increased since the data were first reported in 1973. In November-December 1973, Head Start programs were serving 22,807 handicapped children or 10.1 percent of their enrollment. As of June 1986, Head Start programs reported that they had served 64,994 handicapped children, or 12.5 percent of their enrollment during the 1985-1986 program year. All but a small fraction of these children are being mainstreamed. This provides peer models and higher levels of cognitive, language and social stimulation than self-contained programs offer.

Highlights:

- There were 64,994 handicapped children served in Head Start programs in 1986. This represents an increase of 3,096 children over the 61,898 handicapped children served in 1985. Children professionally diagnosed as handicapped accounted for 12.5 percent of total actual enrollment in Head Start programs, a slight increase from the 12.2 percent in 1985.

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* The March 1986 Current Population survey conducted by the Bureau of Census reported that the number of children in poverty in the age group three to five is 2,500,000. Based on the estimated prevalence of handicapped children used by the office of Special Education Programs, U.S. Department of Education, it is estimated that 10 percent, or 250,000, of these children are handicapped.

- Children professionally diagnosed as handicapped accounted for at least 10 percent of all Head Start enrollment in each of 49 of the 50 States, Puerto Rico, Guam and the Trust Territories of the Pacific Islands in 1986.

- American Indian Programs also surpassed the 10 percent enrollment target.

Head Start has exceeded the 10 percent enrollment level nationally with a 12.5 percent enrollment of handicapped children in program year 1985-86. Alaska, with a 9.7 percent enrollment of handicapped children, was the only State which fell short of the 10 percent enrollment target.

The District of Columbia also did not meet an enrollment level of 10 percent, with 9.1 percent. The Migrant Programs served 9.7 percent children with handicaps. In addition, the following territories were below the 10 percent enrollment level: Virgin Islands, with 7.3 percent, and American Samoa, with .56 percent. Both these areas made gains over the 1985 figures, however. (Appendix C provides enrollment data for each State and territory, and Indian and Migrant programs). Both Guam and the Trust Territories of the Pacific Islands showed strong increases over the 1985 figures. In 1985 Guam reported 9.9 percent, raised to 11.2 percent in 1986; and the Trust Territories reported an increase from 6.3 percent in 1985 to 13.8 percent in 1986.

In the case of the one State and the territories that have less than 10 percent handicapped enrollment, efforts continue to increase the enrollment of handicapped children. The ACYF regional offices are working with the Head Start programs in these areas to identify the reasons for the level of enrollment of handicapped children and to devise specific strategies, such as increasing coordination of resources, for expanding enrollment of handicapped children. Progress toward increasing enrollment in these areas will be reported in next year's Annual Report.

Approximately 99.2 percent of the full year Head Start programs served at least one handicapped child. Of the 64,994 handicapped children served by Head Start programs, 26.1 percent were three years of age or under, 60.1 percent were four years old, 13.3 percent were five years old, and about 0.5 percent were six years or older. (Head Start children six years of age or older are in communities where the children go directly from Head Start into first grade, predominantly in the southeastern States.)

Data were collected on the dropout rate for handicapped children for the third time on the 1985-1986 PIR. Of the total

number of handicapped children served in Head Start during the 1985-1986 operating year, 5,812 or 8.9 percent dropped out during the operating period. This is a substantially lower proportion than reflected for all children enrolled in Head Start in 1985-86 where 14.9 percent of the total actual enrollment dropped out during the operating period. Further, of the total number of children who dropped out, 7.5 percent were handicapped children; this is also substantially lower than the proportion of handicapped children to the total actual enrollment (12.5 percent).

In each of the three years during which this data have been collected, the percentage of handicapped children dropping out has been less than the percentage of dropouts for the total enrollment. This may indicate that the parents of the children with handicaps realize the importance of early services for their children and may be making a greater effort not to move the children during the program year. They may also consider the services beneficial to their children to a higher degree than the parents of the non-handicapped children.

B. Types of Handicaps

Head Start is mandated to serve children with a broad range of handicaps such as those who are mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children, or children with specific learning disabilities who by reason thereof require special education and related services.

The types of handicapping conditions of those children professionally diagnosed as handicapped are presented in Table 1 on page 15 and Figure 2 on page 16 as a proportion of the total population of handicapped children in Head Start programs in 1986. Of the handicapped children enrolled in Head Start, 62.9 percent have been diagnosed as speech impaired. This is by far the largest category of handicapped children served in Head Start programs. The size of this category has been of concern. However, Head Start requires that all children be professionally diagnosed and a previously completed study on the speech impaired has determined that most of the children categorized as speech impaired in Head Start had been appropriately diagnosed. The State Education Agencies report an even higher proportion of speech impaired children in the preschool age range which they are serving under P.L. 94-142 (see Figure 3 on page 17). Thus, the proportion of speech impaired children served by Head Start is consistent with the proportion of preschool children in the larger population served under P.L. 94-142 by the public school, as well as with

reports from other preschool programs. ACYF maintained a focus on working with speech and language impaired children and also stressed the prevention of such impairment in the training and materials provided for Head Start programs in 1985-86. A special issue of the Head Start Bulletin addressed the ways staff, parents, volunteers and all those in contact with Head Start children could foster communication skills and language development. Resource Access Projects (RAPs) provided training sessions on otitis media, middle ear infection, which is very prevalent among preschoolers and can adversely affect speech and language development.

TABLE 1

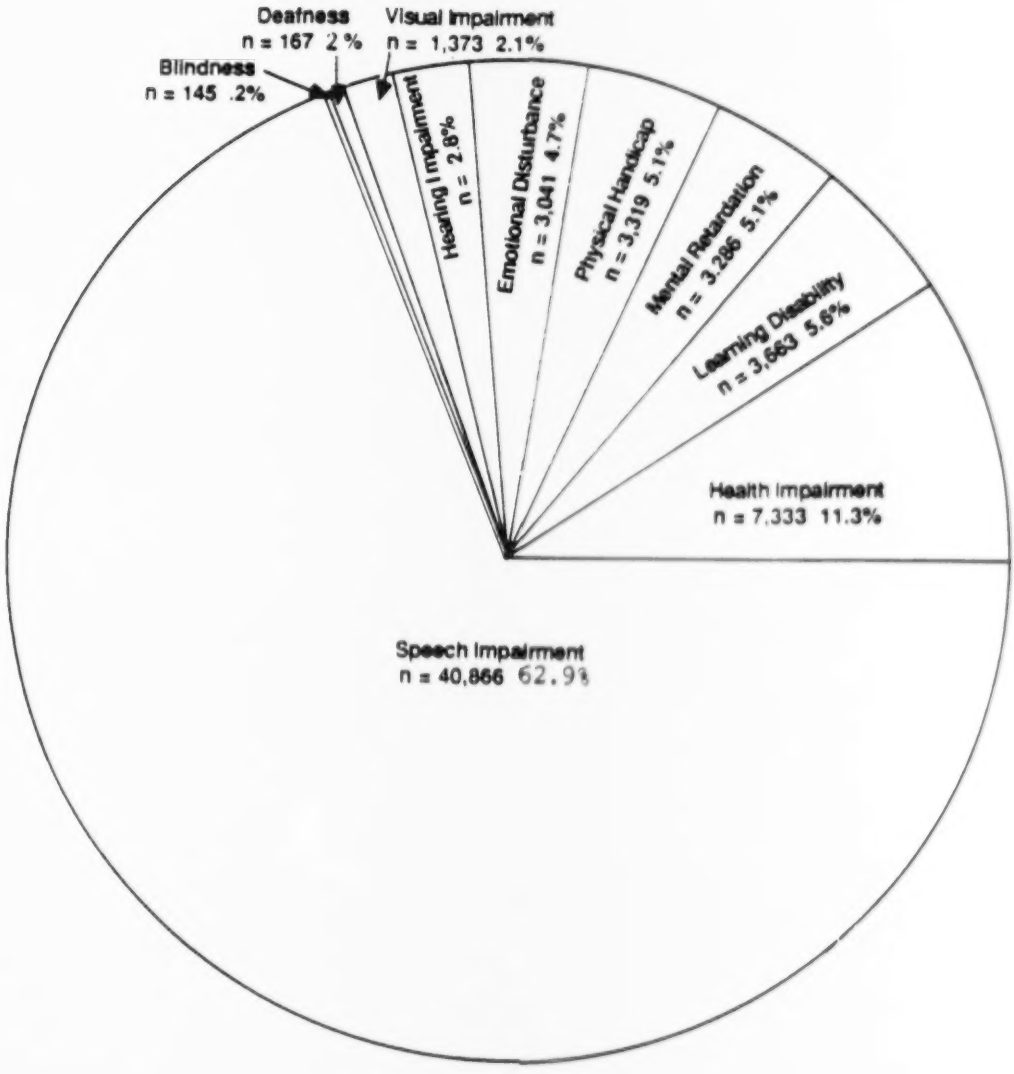
Types of Handicapping Conditions of Children Professionally Diagnosed as Handicapped

Professionally Handicapping Condition	Number	Percent of Total Number of Children Diagnosed as Handicapped
Speech Impairment	40,866	62.9
Health Impairment	7,333	11.3
Specific Learning Disability	3,663	5.6
Physical Handicap (Orthopedic)	3,319	5.1
Mental Retardation	3,286	5.1
Serious Emotional Disturbance	3,041	4.7
Hearing Impairment	1,801	2.8
Visual Impairment	1,373	2.1
Deafness	167	0.2
Blindness	145	0.2
Total	64,994	100.0

The distribution in the 1985-1986 program year was very similar to that reported in the previous year.

Figure 2

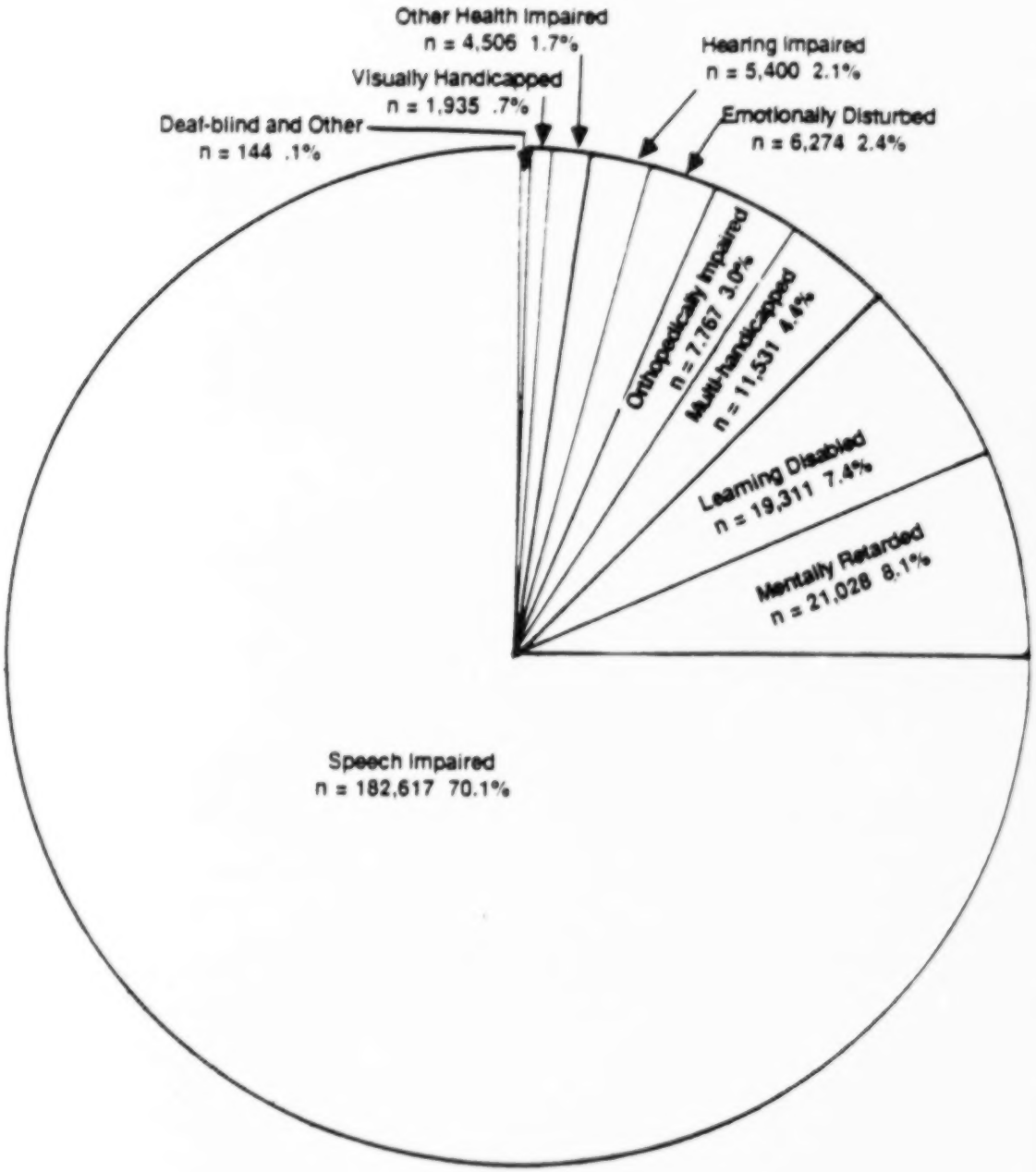
Primary or Most Disabling Handicapping Condition
of Handicapped Children Enrolled in Full Year Head Start
June 1985



(Total Number 64,994)

Figure 3

Diagnostic Category of Handicapped Children
Ages 3-5 Served Under P.L. 94-142 as Reported by
State Education Agencies
December 1985



(Total Number 260,513)

Source: Data from the Office of Special Education, U.S. Department of Education. The data were reported by State Education Agencies as Child Count figures for 3-5 old children served.
Note: The Visually Handicapped category includes blind children. Hearing Impaired includes deaf children.

C. Severity of Handicaps

Head Start serves a significant proportion of children with severe or multiple handicaps. Such children present additional challenges to Head Start staff in the planning and provision of individualized plans. Head Start policy requires that the individual plan of action for special education, treatment, and related services be based on the child's specific handicapping condition(s) and the unique needs arising from those conditions. A child with multiple handicaps is likely to need a variety of treatments and services. Head Start staff, in conjunction with other professionals and the child's family, have to set priorities and objectives, and tailor services for that child in order to provide a focused, systematic plan of action.

In 1986, 12,050 (18.5 percent) of the handicapped children enrolled in Head Start programs had multiple handicapping conditions. This is a slight increase over the number and percent of multiple handicapped children reported last year (11,203 or 18.1 percent).

Compared to other handicapping conditions, mentally retarded children (57.9 percent) and deaf children (50.9 percent) show the highest incidence of multiple handicap, and speech impaired children the lowest (10.3 percent). Table 2 provides specific data by primary handicapping condition on the number of children who have multiple handicapping conditions.

TABLE 2

Distribution of Children by Primary or Most Disabling Handicap Who Have One or More Other Handicapping Conditions

Primary Condition	Total Number of Children	Children with other Handicapping Conditions	Percent with Multiple Handicapping Conditions
Blindness	145	38	26.21 %
Visual Impairment	1,373	303	22.07 %
Deafness	167	85	50.90 %
Hearing Impairment	1,801	666	36.94 %
Physical Handicap	3,319	1,110	33.42 %
Speech Impairment	40,866	4,214	10.31 %
Health Impairment	7,333	1,533	20.91 %
Mental Retardation	3,286	1,901	57.85 %
Emotional Disturbance	3,041	754	24.79 %
Learning Disability	3,663	1,446	39.48 %
Total	64,994	12,050	18.54 %

ACYF continues to pursue an active outreach and recruitment effort for enrolling and serving severely handicapped children. ACYF encourages sharing resources and joint enrollment with other programs and agreements between Head Start programs and local education agencies. Additional materials have been developed for use by the Resource Access Projects in training programs to work with more severely handicapped children.

CHAPTER 3

Services to Handicapped Children

In program year 1985-1986, local Head Start programs developed and carried out activities and services of direct and immediate benefit to handicapped children. These activities and services started with active recruitment of handicapped children who might benefit from Head Start, particularly more severely handicapped children. Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively. Head Start programs continue to increase their own resources and other capabilities to meet the needs of the handicapped children enrolled. In addition, the programs use other agencies as sources of special services. This chapter reports on the degree to which these activities and services are being performed, and utilization of staff, facilities, and materials.

A. Outreach and Recruitment

Severely Handicapped Children

The data regarding outreach and recruitment were collected specifically on efforts to enroll and serve more severely handicapped children. In previous years, programs reported on special efforts and outreach and recruitment activities utilized to recruit handicapped children in general. Of the Head Start programs, 96.1 percent reported steps taken to enroll and serve more severely handicapped children. The most frequent steps taken by programs reporting these data were: coordination with other agencies serving severely handicapped children (89.9 percent), sharing services with other agencies serving severely handicapped children (63 percent) and specific outreach and recruitment procedures aimed at severely handicapped children (62.3 percent). Programs also reported that they held orientation sessions for local diagnosticians and provided them with special materials, etc. (38.1 percent), made change(s) in recruitment and enrollment criteria (23.2 percent), and took other steps (10.3 percent).

Head Start programs and other agencies serving handicapped children have come to recognize the roles of each in providing services. Generally, the Head Start program serves as the primary provider of a mainstreamed learning experience, while other agencies provided some or all of the needed special services.

Reasons for Not Enrolling Some Handicapped Children

About one-half of all Head Start programs reported that they were not able to enroll 4,022 handicapped children located by or referred to them. In 1985, 50 percent of the programs reported that they were not able to enroll 5,971 handicapped children. As in previous years, the most common reasons given were: the children did not fit the age requirements, other agencies serve these children and there were no available openings.

B. Diagnosis and Assessment of Handicapped Children

The Head Start statutory definition of handicapped children as interpreted excludes from reporting as handicapped those children with correctable conditions who do not need special services, or children who will not require services additional to those which Head Start programs regularly provide.

In order to meet the legislated requirement for reporting to identify the requested special education and related services, and, more importantly, to ensure that children who are considered handicapped are not mislabeled or misdiagnosed, Head Start requires that each child reported as handicapped be diagnosed by appropriate professionals. At the time of data collection, all of the 64,994 children reported as handicapped had been diagnosed by qualified professionals. This includes children referred to Head Start by other agencies or individuals and diagnosed prior to Head Start enrollment. For the last several years more than 44 percent had been referred to Head Start by other agencies or individuals outside Head Start.

Almost half (49 percent) of the total handicapped children were diagnosed between the time of enrollment in Head Start and January 31, 1986. Close to one-third (32 percent) were diagnosed prior to enrollment in Head Start, and 19 percent between February 1, 1986 and the end of the operating period for the programs. In addition to the 64,994 children diagnosed as handicapped, Head Start provided assessment for another 22,975 children who had failed screening or been referred but were found to be not handicapped.

In some communities, the Head Start program was the only channel of diagnosis for preschool handicapped children; in others, the Head Start program supplemented existing diagnostic services. In some situations, Head Start purchased needed services from private or public sources.

Head Start programs are encouraged to work with other agencies and private diagnostic providers and to use the following strategy for each child suspected of being handicapped:

Step 1: An interdisciplinary diagnostic team (or an appropriate professional qualified to diagnose the specific handicap) makes both a categorical diagnosis and a functional assessment. Head Start diagnostic criteria (see Appendix A) are used to make a categorical diagnosis. The categorical diagnosis is used primarily for reporting purposes and for overall program planning. The categorical diagnosis is consistent with procedures Head Start programs must follow to ensure confidentiality and to guard against mislabeling. No individual child is identified publicly as "handicapped." Only the aggregated numbers of children with specific handicapping conditions are reported by local Head Start programs to the ACYF.

Step 2: The diagnostic team also develops a functional assessment of the child. The functional assessment is a developmental profile that describes what the child can and cannot do and identifies areas that require special education and related services. The primary purpose of diagnosis is the functional assessment. The parents and child's teacher should be active participants in the functional assessment and contributors to the diagnostic file.

Step 3: An Individual Education Program (IEP) is developed based on the functional assessment, and becomes part of the diagnostic file. The plan reflects the child's participation in the full range of Head Start comprehensive services and also describes the special education and related services needed to respond to the child's handicap. The plan spells out activities that take place in the classroom, involvement of parents, and special services provided by Head Start or other agencies. The plan is developed in concert with the diagnostic team, the parents, and the child's teacher.

Step 4: Ongoing Assessment of the child's program is made by the Head Start teacher, the parents and, as needed, by the diagnostic team. The Individual Education Program and the delivery of services are modified based on this periodic evaluation.

Step 5: The Head Start program makes appropriate arrangements for continuity of services when the child leaves the program. This may include (1) updating the assessment information with the development of recommendations for future treatment; (2) conducting an exit interview with parents, schools, and other agencies describing the services rendered to and needed by the child; and (3) transferring of files, with parental consent. The public school is the primary agency responsible for following up to ensure continuity of services after the child leaves the Head Start program.

Staff interchange between Head Start programs and outside diagnostic providers to form a combined diagnostic team, with close and continuing involvement of parents, appears to be the best way to ensure that the above strategy of diagnosis and assessment is implemented. Because many Head Start programs do not have all the necessary staff expertise in this area, a working relationship with various other diagnostic providers in the community facilitates a comprehensive approach to assessment.

C. Mainstreaming and Special Services

In mainstreaming handicapped children before the age of five, Head Start has built on accepted principles of the importance of the early years in all aspects of a child's development. All children share the same basic needs for love, acceptance, praise, and a feeling of self-worth. All developmental early childhood programs address themselves to the child's individual strengths, weaknesses, mode of learning, and special problems. Head Start attempts to meet these needs through a carefully sequenced educational component and a network of supporting services -- medical, dental, nutritional, mental health, social services, and parent participation -- tailored to the specific capabilities of each child. In addition, handicapped children are to receive special education, therapy, or other services, either within the Head Start program or as provided by other agencies. Parents of these handicapped children also receive training, counseling, and support services.

Mainstreaming - By functioning in an integrated group during the early years, the handicapped child can learn the ways of the world and some of the problems to be faced. Being with non-handicapped children at an early age can make the inevitable adjustments of the handicapped child easier. As a result of these experiences, the child will begin to develop a sense of control over his or her own life and an ability to function among other people in spite of the disability.

Preschool programs where handicapped children are mainstreamed give disabled children a chance to play and learn with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. The non-handicapped child will gain a greater understanding of the range of human differences, and will learn to enjoy being with other children who manifest different characteristics and capabilities.

A two year evaluation of mainstreaming in Head Start, conducted for ACYF,* indicated that mainstreaming in Head Start has been generally successful and has included nearly all handicapped children in Head Start. The study established that high levels of time spent in a mainstreaming situation were positively related to developmental gains and increased positive social interaction by Head start handicapped children.

Mainstreaming is in the best interests of a large proportion of handicapped children. There are, of course, some children who, at least initially, may do better in a home-based program. For example, some children may have initial difficulty in adjusting to a center-based Head Start experience. A home-based option can provide the necessary bridge between the family and the non-handicapped peer group. Others benefit from a flexible approach and may spend part of the week in a special program and part in a mainstream program. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as appropriate.

Head Start continues to be the largest program that includes preschool handicapped children in group experiences with non-handicapped children on a systematic basis. In 1986, 99.2 percent of the Head Start programs mainstreamed at least one handicapped child.

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* Applied Management Sciences (AMS), an independent research firm, completed their evaluation of mainstreaming in Head Start in February 1979. The AMS evaluation reports are available through the Educational Resources Information Center (ERIC) system. These reports are available for purchase from Computer Microfilm International Corp., ERIC Document Reproduction Service, P.O. Box 190, Arlington, Virginia 22210 (Telephone: 703-841-1212). The order numbers are ED 168-236 through 240, ED 168-291, ED 176-433, and ED 177-803.

Special Services - Handicapped children have special needs which require special services. They may also require special equipment, materials, or modification of existing facilities. The special services required may be provided through Head Start, through outside agencies, or through a combination of both. Table 3 reports comparative levels for special services provided to handicapped children and their parents in 1984, 1985 and 1986, by reporting Head Start programs.

TABLE 3

Three Year Comparison of Special Services Provided to Handicapped Children Enrolled in Full Year Reporting Head Start Programs

Services Provided	1984	1985	1986
Total number of children who are receiving special education or related services from Head Start staff	55,416	58,250	62,255
Total number of children who are receiving special services from other agencies	38,380	42,016	38,312
Total number of parents receiving special services from Head Start related to their child's handicap	43,756	43,583	36,965

Special Services Provided by Head Start and Other Agencies

Head Start programs provide many special education and related services to handicapped children. Head Start also receives services for handicapped children in their programs from other agencies. These services include individualized instruction; psychological and physical therapy; medical or psychological diagnosis; evaluation or testing; individualized teaching techniques; speech therapy and language stimulation; transportation; education in diet, food, health and nutrition; assistance in obtaining special services included in the IEP/IPP; special teaching equipment; psychotherapy, counseling and behavioral management; medical treatment; special equipment for children; physiotherapy; and occupational therapy.

TABLE 4

Children Receiving Special Education or Related Services from Head Start only, Other Agency Only, or Both

Primary Handicapping Condition	Head Start Only	Other Agency Only	Both Head Start and Other Agency
Blindness	15	8	122
Visual Impairment	481	89	803
Deafness	18	6	143
Hearing Impairment	501	73	1,227
Physical Handicap	761	184	2,374
Speech Impairment	19,014	1,473	20,379
Health Impairment	2,227	530	4,576
Mental Retardation	1,060	80	2,146
Emotional Disturbance	1,041	144	1,856
Learning Disability	1,564	152	1,947
Total	26,682	2,739	35,573

As indicated in Table 4, 41 percent of the handicapped children served received special education or related services from Head Start only; 4.2 percent received such services from another agency only; and 54.7 percent received special services to help overcome the handicap from both Head Start and another agency. In the 1984-85 program year, 67.9 percent of the children received special education or related services from both Head Start and other agencies. While the percent of children receiving services from other agencies declined somewhat, it is still significant that more than half of the handicapped children enrolled were receiving services from other agencies as well as from the Head Start programs which enrolled them. This level of coordination represents considerable attention devoted to arranging for cooperative efforts.

Special Services Provided to Parents of Handicapped Children by Head Start

Head Start programs offer special services to all parents of handicapped children, in addition to the services offered all parents such as the opportunity to observe and participate in the program and the opportunity to serve on the Policy Council. Each year most of the parents of handicapped children have accepted

and used special services designed to help them understand their children's special problems and the effects of the handicap on development and learning. The services are: referrals to other agencies; counseling; conferences with technical staff and other meetings; literature or special teaching equipment; visits to homes; hospitals, etc.; transportation; parent meetings; assistance in securing medical services; workshops on school services; special classes and other services.

Coordination of Special Services - High quality services for children with handicaps require the cooperation of staff in each of the Head Start program components -- education, health, social services, and parent involvement. In order to assure coordination, Head Start has recommended that a coordinator of services for children with handicaps be designated on a full or part-time basis. In 1986, 97 percent of the Head Start programs had a coordinator of services for handicapped children. Over a third (37 percent) of these programs reported a full-time coordinator. About half (48 percent) reported a part-time coordinator and 15 percent indicated that as a delegate agency they were served by a handicapped coordinator at the grantee level. Of the 1,881 programs in 1986, 84.5 percent had a coordinator with a degree or license: 22.9 percent in early childhood/special education; 21.7 percent in special education; 10.4 percent in psychology; 9.4 percent in speech pathology/audiology; and 51.9 percent in some other area, including nursing and social work. A number had degrees in more than one specialty area.

Resource Access Projects (RAPs) Head Start's commitment to individualization for all children, including those with handicaps, has provided the basis for mainstreaming handicapped children in a setting with non-handicapped youngsters.

Head Start's effort to serve handicapped children, including the severely handicapped, has placed an increased responsibility on grantees to locate and provide specialized services and staff training. In support of the Head Start mainstreaming movement, the Head Start Bureau of ACYF established a network of 12 Resource Access Projects (RAPs) to serve Head Start programs in each ACYF region throughout the nation. In 1986, the 12 RAPs began providing services to Migrant grantees. During 1986 Indian programs in five western States received technical assistance and training from the American Indian Program Branch Resource Center, which provides assistance in serving non-handicapped children.

It is the responsibility of each RAP to assist Head Start in working with handicapped children. Activities performed by each RAP include the following:

- Identify local, regional and national resources;
- Determine local Head Start needs and match these needs with available resources;
- Coordinate the delivery of services to Head Start programs;
- Provide training and technical assistance;
- Promote and facilitate collaborative efforts between Head Start and other agencies; and
- Provide resource materials to Head Start grantees.

Additionally, the RAPs have responsibility for providing training, including use of the eight resource manuals in the series Mainstreaming Preschoolers which focus on mainstreaming in Head Start and spell out techniques that can be used by teachers and parents in working with handicapped children. The RAPs are responsible for conducting a minimum of one workshop per State each year, and have been designated as the primary mechanism for dissemination of the Mainstreaming Preschoolers series.

In 1985-86, the RAPs conducted 525 training events for 29,232 persons including teachers, teacher aides, and other personnel. Approximately 84 percent of those attending the training events were Head Start teaching staff. A separate contract was awarded to assess the performance of the RAPs. Evaluations by participants have shown that these conferences were very successful. Teachers and other Head Start staff members, including aides, directors, component coordinators, parents, and support staff, have indicated that they have benefited greatly from the training. Ninety-six percent of the trainees who completed evaluation forms gave the RAPs the top two ratings on the scale used to evaluate training. Participants indicated they learned new skills for working with handicapped children and learned to work more comfortably with handicapped children. They anticipated that they would do specific things differently as a result of training (e.g., closer observation of handicapped children, use of new materials and resources to work with handicapped children in the classroom, etc.). Further, from the telephone survey sample of programs, Head Start programs indicated that training was the most valuable service provided by RAPs.

The RAP training and the Mainstreaming Preschoolers manuals have been widely acclaimed not only throughout the Head Start community, but have also achieved recognition far beyond the Head Start programs for which they were primarily intended. The manuals have been sent to other Federal agencies, national professional associations, volunteer organizations that provide services to handicapped children, and State education agencies. They are also being used in public schools, day care programs, universities and other organizations. The series has been shared with foreign governments as well.

The list of twelve RAPs and the supplement to the American Indian Programs Branch Resource Center is provided in Appendix B.

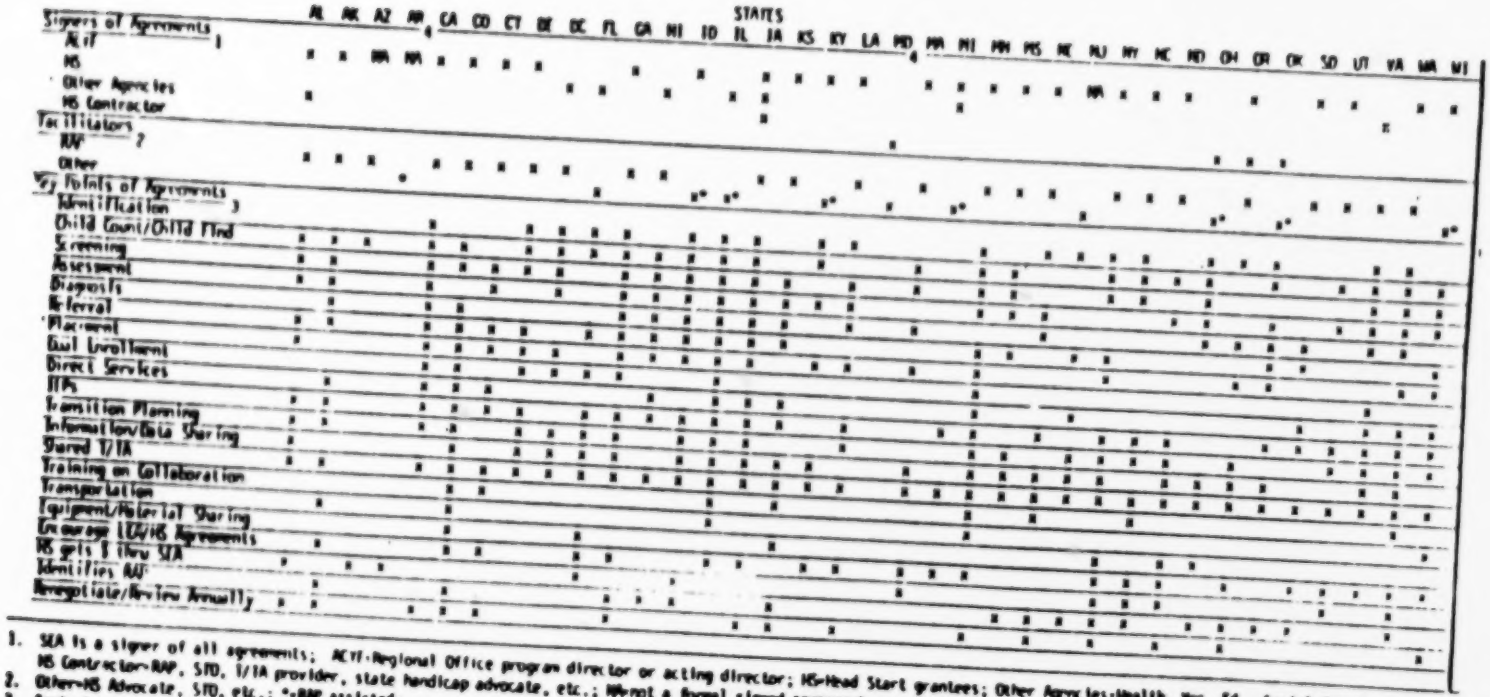
D. Coordination with Other Agencies

Other major foci of the RAPs include promoting collaboration between Head Start and other programs and agencies serving handicapped children and facilitating the inclusion of Head Start in the State plans for serving handicapped children as supported under P.L. 94-142. In 1974, an interagency agreement between ACYF and the Office of Special Education Programs in the Department of Education designated the RAPs as liaison between Head Start and the State Education Agencies (SEAs). The RAPs have been facilitating the participation of Head Start grantees in the development or updating of the State plans for preschool handicapped children which are supported under P.L. 94-142. Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool handicapped children are now in place in 46 States or territories. Four new written agreements were signed during the 1985-86 program year, between Head Start and the State Education Agencies in Alabama, Iowa, American Samoa and the Commonwealth of the Northern Mariana Islands.

The Tables on pages 30 and 31 from the Impact Evaluation of the Resource Access Projects, 1985-1986, developed by Roy Littlejohn Associates under a management support contract, show the major features of the agreements and their scope.

	U.S. TERRITORIES									
	GU	MI's	PAL	CNMI	PR	TRU	VI	AP	AS	CMI
Signers of Agreements										
ACYF										
HS	x	x	x	x	x	x	x	x	x	
Other Agencies		x	x	x	x	x		x	x	
HS Contractor										
Facilitators										
RAP	x	x	x	x		x		x	x	
Other					x		x			
Key Points of Agreements										
Identification	x				x		x			
Child Count/Child Find			x							
Screening			x	x	x	x	x	x	x	
Assessment	x	x	x	x	x	x		x	x	
Diagnosis			x	x	x	x	x	x	x	
Referral		x	x	x	x	x	x	x	x	
Placement	x		x	x	x	x		x	x	
Dual Enrollment										
Direct Services	x		x	x	x	x		x	x	
IEPs	x		x	x		x		x	x	
Transition Planning										
Information/Data Sharing		x			x					
Shared T/TA	x		x		x		x			
Training on Collaboration							x			
Transportation			x	x	x	x	x	x		
Equipment/Material Sharing						x	x	x		
Encourage LEA/HS Agreements		x								
HS gets $ thru SEA										
Identifies RAP										
Renegotiate/Review Annually										

Abbreviated Contents of SEA/Head Start Collaborative Agreements



1. SEA is a signer of all agreements; ACYF-Regional Office program director or acting director; HS-Head Start grantees; Other Agencies-Health, Voc. Ed., Social Services, etc.; HS Contractor-RAP, STD, T/TA provider, state handicap advocate, etc.; HS-not a formal signed agreement, e.g., HS included in a memo, state plan or legislation;
2. Other-HS Advocate, STD, etc.; *-RAP assisted;
3. Contents not inclusive;
4. Contents of agreements not available.

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Local level agreements are also important to enabling Head Start to serve children with handicaps. About 97 percent of the programs reported having written or informal agreements with local education agencies (LEAs) or other agencies regarding services for handicapped children. A total of 1,557 Head Start programs (82.7 percent) had a written or informal agreement with LEAs regarding services to be provided to handicapped children in Head Start. A total of 1,563 (83 percent) of the Head Start programs had written or informal agreements with agencies other than LEAs regarding services to be provided to handicapped children in Head Start.

The following table shows the importance of both local education agencies and other types of agencies in coordinating with Head Start programs for service delivery and training. It also indicates how widely Head Start uses cooperative arrangements at the local level.

Table 6

Distribution of Programs According to Type of Agreement with Agencies for Services to Handicapped Children

Written or informal agreement with local education agency	1,557
Written or informal agreement with other agency	1,563
None of the above	69

Agreements with local education agencies can play an important role in facilitating the transition of Head Start children into the public schools. During the 1985-1986 program year, ACYF placed added emphasis on the successful transition of all children from Head Start into public school or other placement by establishing a National Interagency Steering Committee on Transition of Preschoolers into Public School. The Committee developed material to help staff and parents during a time of change which can be very stressful. The RAPs developed additional materials to assist in the smooth transition of children with handicaps.

The results of Head Start programs' work with children with handicaps and their families show sustained commitment to providing appropriate services to meet the dual needs caused by disadvantage and handicapping conditions. During the 1985-86 program year the Head Start program continued to be a model for the nation integrating handicapped and non-handicapped children in a developmental program with education, health (medical, dental, nutrition, and mental health), social services and parent involvement. In addition, the Head Start program demonstrated community involvement on a broad scale by working closely with public schools and other agencies with common concerns for children and families with special needs.

APPENDIX A

Diagnostic Criteria for Reporting Handicapped Children in Head Start

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses. These professionals must take into consideration the cultural/ethnic characteristics of the Head Start children.

To be counted as handicapped, children must meet two criteria. They must have one of the following handicapping conditions (by professional diagnosis) and, by reason thereof, require special education and related services.

Blindness - A child shall be reported as blind when any of the following exists: (a) the child is sightless or has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the State of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

Visual Impairment (Handicap) A child who is not blind shall be reported as visually impaired if: (a) central acuity, with corrective lenses, does not exceed 20/70 in either eye; (b) visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or he/she suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

Deafness - A child shall be reported as deaf when any one of the following exists: (a) his/her hearing is extremely defective so as to be essentially nonfunctional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness has been made in the State of residence.

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* Multiple Handicaps: Children will be reported as having multiple handicaps when, in addition to their primary or most disabling handicap, one or more other handicapping conditions are present.

Hearing Impairment (Handicap) - A child shall be reported as hearing impaired when any one of the following exists: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) the child has hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

Physical Handicap (Orthopedic Handicap) - A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include, for example, spina bifida, loss of or deformed limbs, burns which cause contractures, and cerebral palsy.

Speech Impairment (Communication Disorder) - A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional and/or educational achievements; or speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments. This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.

Health Impairment - The impairments refer to illness of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, severe asthma, severe cardiac conditions, severe allergies, blood disorders (e.g., sickle cell disease, hemophilia, leukemia), diabetes, neurological disorders, or autism.

Mental Retardation - A child shall be considered mentally retarded who, during the early developmental period, exhibits significant sub-average intellectual functioning accompanied by impairment in adaptive behavior. In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e., finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation).

Serious Emotional Disturbance - A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include, but not be limited to, conditions that indicate the child is: dangerously aggressive towards others, self-destructive, severely withdrawn and noncommunicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, or psychotic.

Special Learning Disabilities - These disabilities refer to a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dylexia, and developmental aphasia. Not included are learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage. For preschool children, precursor functions to understanding and using language, spoken or written, and computational or reasoning abilities are included. (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and special educators with at least Master's degrees and evidence of special training in the diagnosis of learning disabilities.)

APPENDIX B

1985-1986 Resource Access Project Network

DHHS Region	States Served	Resource Access Project (PAP)
I	Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	Education Development Center, Inc. 55 Chapel Street Newton, Massachusetts 02160
II	New Jersey New York Puerto Rico Virgin Islands	New York University School of Continuing Education 3 Washington Square Village Suite IM New York, New York 10012
III	Delaware District of Columbia Maryland Pennsylvania Virginia West Virginia	University of Maryland University Center 6525 Bellcrest Rd Hyattsville, Maryland 20782
IV	Florida Georgia North Carolina South Carolina Alabama Kentucky Tennessee	Chapel Hill Training-Outreach Project Lincoln Center Merritt Mill Road Chapel Hill, North Carolina 27514
	Mississippi	(subcontract) Friends of Children Head Start 119 Mayes Street Jackson, Mississippi 39213
V	Illinois Indiana Ohio	University of Illinois Colonel Wolfe School 403 East Healey Champaign, Illinois 61820
	Michigan Minnesota Wisconsin	(subcontract) Portage Project 626 East Slifer Street Portage, Wisconsin 53901

DHHS Region	States Served	Resource Access Project (RAP)
VI	Arkansas Louisiana New Mexico Oklahoma Texas	Texas Tech University Special Project Division P.O. Box 4170 Lubbock, Texas 79409
VII	Iowa Kansas Missouri Nebraska	University of Kansas Medical Center Children's Rehabilitation Unit 26 Kansas City, Kansas 66103
VIII	Colorado Montana North Dakota South Dakota Utah Wyoming	Greenlee Metro Lab School Metropolitan State College 1150 Lipan Street, Room 105 Denver, Colorado 80204
IX	Arizona California Hawaii Trust Territories of the Pacific	Southwest Human Development 3008 N. Third Street Phoenix, Arizona 85012
X	Idaho Oregon Washington Alaska	Portland State University Division of Continuing Education P.O. Box 1491 Portland, Oregon 97207
American Indian Programs in :		
	Arizona Colorado Montana Nevada New Mexico North Dakota Oklahoma South Dakota Utah Wyoming	Three Feathers Associates P.O. Box 5508 Norman, Oklahoma 73070

APPENDIX C

Survey Results of Handicapped Children in Head Start by State * (or Geographical Entity)

Full Year 1985-1986

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled **	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year ***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
Alabama	36	10,708	1,233	11.51
Alaska	4	1,030	100	9.71
Arizona	20	4,138	426	10.29
Arkansas	21	6,864	880	12.82
California	141	43,547	4,712	10.82
Colorado	25	5,583	635	11.37
Connecticut	30	5,151	665	12.91
Delaware	5	993	176	17.72
District of Columbia	7	2,266	207	9.14
Florida	39	13,672	1,665	12.18
Georgia	42	11,886	1,430	12.03
Hawaii	4	1,612	216	13.40
Idaho	8	1,433	279	19.47
Illinois	86	26,041	2,740	10.52
Indiana	39	7,805	1,263	16.18

* State data exclude Migrant and Indian Programs.

** These enrollment data reflect total actual enrollment as obtained from item 9a.8 of the Project Head Start 1985-86 Annual Program Information Report (PIR).

*** The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 30, 1986 or the end of the operating year.

APPENDIX C (Continued)

Survey Results of Handicapped Children in Head Start by State * (or Geographical Entity)

Full Year 1985-1986

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled **	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year ***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
Iowa	22	4,184	681	16.28
Kansas	22	3,954	620	15.68
Kentucky	48	11,772	1,385	11.77
Louisiana	43	11,635	1,377	11.83
Maine	13	2,069	442	21.36
Maryland	28	6,403	863	13.48
Massachusetts	35	8,917	1,500	16.82
Michigan	86	22,811	2,530	11.09
Minnesota	27	5,493	713	12.98
Mississippi	22	30,271	3,044	10.06
Missouri	23	10,332	1,447	14.01
Montana	9	1,358	165	12.15
Nebraska	15	2,467	402	16.30
Nevada	4	675	176	26.07
New Hampshire	6	881	138	15.66
New Jersey	36	10,671	1,390	13.03

* State data exclude Migrant and Indian Programs.

** These enrollment data reflect total actual enrollment as obtained from item 9a.8 of the Project Head Start 1985-86 Annual Program Information Report (PIR).

*** The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 30, 1986 or the end of the operating year.

APPENDIX C (Continued)

Survey Results of Handicapped Children in Heat Start by State * (or Geographical Entity)

Full Year 1985-1986

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled **	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year ***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
New Mexico	24	4,362	598	13.71
New York	154	30,092	3,926	13.05
North Carolina	45	11,930	1,613	13.52
North Dakota	8	828	96	11.59
Ohio	81	24,920	3,769	15.12
Oklahoma	25	8,683	1,324	15.25
Oregon	21	3,401	560	16.47
Pennsylvania	64	18,708	3,145	16.81
Rhode Island	8	1,585	190	11.99
South Carolina	16	7,155	814	11.38
South Dakota	7	1,190	215	18.07
Tennessee	29	10,028	1,432	14.28
Texas	88	26,097	2,978	11.44
Utah	11	2,386	302	12.66
Vermont	7	1,160	150	12.93

* State data exclude Migrant and Indian Programs.

** These enrollment data reflect total actual enrollment as obtained from item 9a.8 of the Project Head Start 1985-86 Annual Program Information Report (PIR).

*** The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 30, 1986 or the end of the operating year.

APPENDIX C (Continued)

Survey Results of Handicapped Children in Heat Start by State * (or Geographical Entity)

Full Year 1985-1986

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled **	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year ***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
Virginia	7	6,442	957	14.86
Washington	28	4,971	633	12.73
West Virginia	28	4,587	750	16.35
Wisconsin	36	7,910	928	11.73
Wyoming	5	901	111	12.32
American Samoa	1	1,800	10	.56
Guam	1	410	46	11.22
Puerto Rico	34	19,936	2,316	11.62
Trust Territories of the Pacific Islands****	6	2,745	378	13.77
Virgin Islands	1	1,233	90	7.30
State Subtotal		480,082	60,831	12.71
Indian Programs	107	16,331	2,079	12.73
Migrant Programs	67	21,386	12,084	9.74
TOTAL	1,881	517,799	64,994	12.55

* State data exclude Migrant and Indian Programs.

** These enrollment data reflect total actual enrollment as obtained from items 9a.8 of the Project Head Start 1985-86 Annual Program Information Report (PIR).

*** The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 30, 1986 or the end of the operating year.

**** Include Head Start Programs in the Commonwealth of Northern Mariana Islands, Palau, Ponape, Truk, and Yap.